

PR001  
12-May-16

# Preliminary Report of Accident

U.S. Department of Labor  
Mine Safety and Health Administration



|   |  |  |  |   |                     |   |                                |                           |                                      |  |               |          |  |
|---|--|--|--|---|---------------------|---|--------------------------------|---------------------------|--------------------------------------|--|---------------|----------|--|
| 1. Accident Type:<br>Fatal Injury   |  | 2. Accident Classification<br>Slip or Fall of Person |  | 3. Date/Time of Accident<br>05/10/2016 02:15 PM |                     | 4. Date/Time of Death                                   |                                | 5. Fatal Case No<br>6     |                                      |  |               |          |  |
| 6. Mine Information :   |  |  |  |   |                     |   |                                |                           |                                      |  |               |          |  |
| a) Mining Company Name<br>Ash Grove Cement Company  |  |  | b) Mine Name<br>Ash Grove Cement Company               |   |                     | c) Parent of Mining Company<br>Ash Grove Cement Company |                                |                           |                                      |  |               |          |  |
| 7. Mine Location :<br>a) City<br>Midlothian   |  |  | b) County<br>Ellis                                     |   | c) State<br>TX      |   | 8. Mine ID Number:<br>41-00026 |                           | 9. Union:<br>NO                      |  |               |          |  |
| 10. Primary Mineral Mined:<br>CRUSHED & BROKEN LIMESTONE M  |  |  | 11. Number of Mine Employees:<br>a) Total<br>120       |   | b) Underground<br>0 |   | c) Open Pit/Quarry<br>10       |                           | d) Mill/Prep Plant<br>107            |  | e) Other<br>3 |          |  |
| 12. Contractor Name:  |  |  |  |   |                     | 13. Union   |                                | 14. Contractor ID Number: |                                      |  |               |          |  |
| 15. Contractor Address:<br>a) City  |  |  | b) County  |   |                     | c) State  |                                |                           | d) Zip Code                          |  |               |          |  |
| 16. Number of Contractor Employees:<br>a) Total<br>31   |  |  | b) Underground   |   |                     | c) Open Pit/Quarry                                      |                                |                           | d) Mill/Prep Plant<br>31             |  |               | e) Other |  |
| 17. Number of Persons in Mine at Time of Accident:  |  |  |  |   |                     | 18. Number of Persons Unaccounted For:                  |                                |                           |                                      |  |               |          |  |
| a) Mine Employees:<br>20  |  |  | b) Contractor Employees:<br>31                         |   |                     | a) Mine Employees:<br>0                                 |                                |                           | b) Contractor Employees:<br>0        |  |               |          |  |
| 19) Location of Accident<br><input type="checkbox"/> 01-Underground<br><input type="checkbox"/> 02-Surface at Underground<br><input type="checkbox"/> 03-Open Pit<br><input type="checkbox"/> 06-Dredge Mining<br><input type="checkbox"/> 07-Advance Mining<br><input type="checkbox"/> 08-Retreat Mining<br><input checked="" type="checkbox"/> 30-Mill/Prep Plant<br><input type="checkbox"/> 99-Office Facility |  |  |  |   |                     |   |                                |                           | 20. Mining Height:<br>Feet<br>Inches |  |               |          |  |
| 21. Nonfatal Injuries:<br>0   |  |  | 22. Fatal Injuries:<br>1                               |   |                     |   |                                |                           |                                      |  |               |          |  |
| 23. Victim Information :<br>a) Name<br>Roderick Barnes  |  |  | b) Age<br>46   |   |                     |   |                                |                           |                                      |  |               |          |  |
| c) Regular Job Title:<br>Maintenance  |  |  | d) Activity at Time of Accident:<br>Starting equipment |   |                     | <input checked="" type="checkbox"/> Mine Employee       |                                |                           |                                      |  |               |          |  |
| 24. Experience :<br>Years Weeks Days<br>a) Total: 8 36 5  |  |  | b) at the mine: 8 36 5                                 |   |                     | c) at activity (23d) 6 3 0                              |                                |                           | d) with Contractor                   |  |               |          |  |
| 25. Autopsy Performed:<br>If Yes, Location  |  |  |  |   |                     | 26. Mine Telephone No.:<br>(972) 723-7230               |                                |                           |                                      |  |               |          |  |
| 27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):<br>Employee went to top of Slurry Tank #2 to move or start Rake system & fell to the bottom 50 feet below.  |  |  |  |   |                     |   |                                |                           |                                      |  |               |          |  |

The information provided in this notice is based on preliminary data ONLY and does not represent final determinations regarding the nature of the incident or conclusions regarding the cause of the accident.

|   |  |  |  |  |  |  |  |                              |  |                  |  |
|---|--|--|--|--|--|--|--|------------------------------|--|------------------|--|
| 28. Equipment Manufacturer:                 |  |  |  | 29. Model:   |  |  |  |                              |  |                  |  |
| 30. District:<br>M5000 South Central        |  |  |  | 32. Field Office:<br>Dallas TX                         |  |  |  | 33. Event Number:<br>6660098 |  |                  |  |
| 34. Accident Investigator:<br>Robert Dreyer |  |  |  | 35. MSHA Person Notified:<br>William O'Dell            |  |  |  | Date<br>05/10/2016           |  | Time<br>03:59 PM |  |
| 36. Type of Report:<br>Initial              |  |  |  | 37. Name of Preparer and Date Prepared:<br>Mac Burriss |  |  |  | Date<br>05/11/2016           |  |                  |  |
| 38. Reason For Amendment:                   |  |  |  |  |  |  |  |                              |  |                  |  |